

ATTACHMENT D - NOTICE OF INTENT TO OBTAIN COVERAGE AS A MEMBER OF A COALITION GROUP COMPLIANCE PROGRAM

TO COMPLY WITH
 ORDER R7-2014-0046
 CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
 FOR DISCHARGES FROM IRRIGATED LANDS WITHIN
 THE COACHELLA VALLEY

1. IRRIGATED LAND INFORMATION¹				
Owner:		Mailing Address:		
City/Locale:	County:	State:	Zip:	Telephone Number:
Grower/Operator:		Mailing Address:		
City/Locale:	County:	State:	Zip:	Telephone Number:
Type of Irrigated Land				
<input type="checkbox"/> Row Crops		<input type="checkbox"/> Irrigated Pasture		
<input type="checkbox"/> Orchard		<input type="checkbox"/> Other (please describe):		
Source(s) of Water Supply:				

2. COALITION GROUP INFORMATION				
Coalition Group Name:				
Coalition Group Representative:				
Mailing Address:				
City/Locale:	County:	State:	Zip:	Telephone Number:

¹ A NOI is required for each farm parcel that has a unique assessor's parcel number or CVWD canal meter number.

3. REASON(S) FOR FILING

- Seeking coverage for Existing Discharge
- Seeking coverage for New Discharge
- Expansion

- Changes in Ownership/Operator
- Other:

4. ADDITIONAL INFORMATION

Please attach a site map, which shows the geographic boundaries of the Coalition Group and identifies the surface watercourses within these boundaries.

Use the space below, or attach additional sheets, to explain any response that needs clarification.

5. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, complete, and that those individual Dischargers listed in the Member Document have elected to join the Coalition Group. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: _____ Title: _____

Signature: _____ Date: _____